

Central Queensland Hospital and Health Service

Changing lives for the better

ROCKHAMPTON HOSPITAL

DIVISION OF MEDICINE

REGISTRARS HANDBOOK

2023



TABLE OF CONTENTS

SECTION 1	INTRODUCTION <ul style="list-style-type: none">• Welcome Note• Orientation• Inpatient Services & Facilities• Our Consultants• Guiding principles for patient care• Registrar position description• Orientation
SECTION 2	DAILY RESPONSIBILITIES & AVAILABLE OUTPATIENT RESOURCES <ul style="list-style-type: none">• Handover• Information on shifts• Consults• Overtime• Clinics• Outpatient referrals• Available outpatient resources
SECTION 3	PROFESSIONAL PERSONAL DEVELOPMENT OPPORTUNITIES <ul style="list-style-type: none">• Journal club• Case presentation• Public long case practice• Other teaching / learning opportunities
SECTION 4	ADMISSIONS / DISCHARGES / TRANSFERS
SECTION 5	ROSTERING INFORMATION & LEAVE REQUESTS <ul style="list-style-type: none">• Routine registrars• Relieving registrars• Sick leave/Remote on-call cover• Shift Swap• Leave request
SECTION 6	Other General Information <ul style="list-style-type: none">• Release of patient information to other parties by medical officer• Staff Facilities & Important phone numbers

SECTION 1

INTRODUCTION

WELCOME NOTE

Welcome to Rockhampton and to the Rockhampton 'Rocky' Base Hospital!

Thank you for joining us, whether it is a term or two, or for the whole year. We hope you have an enjoyable time here and we will strive our best to provide you with this.

Prior to starting, please make sure you have usernames and passwords to all required computer programs. Rockhampton is a paper based hospital, only imaging, pathology results as well as clinic letters are uploaded to the relevant programs.

If you are new to Queensland Health, please read below to see what programs we use. (If not you can skip this section)

Novell username & password – signs you in to all computers, the Viewer & CQ learn

- *Viewer* – can see all outpatient appointments, previous presentations (to Rockhampton or other Queensland hospitals – not Private hospitals), most imaging & pathology results as well as clinic letters.

(Please note, Echocardiogram results will be under Imaging)

- *CQ Learn* – If you are here for the year – this is where you have all the mandatory training modules, some of which you have to complete prior to starting

CQ Inteleviewer – All imaging from CQ radiology will be located here

- If the patient has been to other hospitals in the Central Queensland region – use their name instead of the Hospital identification (UR number) to find their imaging
- If you would like other hospitals to see their images eg RBWH in Brisbane, you will have to "PACS" the images over to them – just call switch '9'.

Auscare – all pathology will be located here

Winscribe – For dictation of clinic letters – please contact the Medical typists via switch/ 5444 to set this up



Inpatient Services & Facilities

1. Teams

General Medical Teams – 5

Cardiology – 1 CCU team (Cardiology inpatient); 1 Cardiology Ward team (Cardiology consults and Cardiology ward)

“Cancer care” – includes Oncology, Palliative care & Haematology

Renal team – 1

ID team – Available for consults during working hours

2. Wards & Units

General Medical Ward – Level 4 of New building

SAGE (Subacute Geriatric Unit) – Level 5 of New building

CIPU (Cancer inpatient Unit) – Level 5 of New building

SMU (Specialist Medical Unit) – Level 1 of New building (This is a misnomer – it is just another medical ward at this point in time)

Renal (Dialysis) Unit – Level 1 of Old building

Cardiology Ward – Level 3 of Old building

CCU (Coronary Care Unit) – Level 3 of Old building

Outpatient Department – Level 1 of Old building

Consultants:

General Medicine:

Medical Team 1 – Dr Nirmani Gamage

Dr Gamage is a General Medical Physician.

Team 1 Medical Clinic is on Wednesday at 13:00 for you to assist the consultant. The registrar has a post discharge review clinic on Thursday afternoon at 14:00.

Medical Team 2 - Dr Chamil Marasinghe

Team 2 post discharge review clinic on Wednesday 12:00 in which you are to attend. Thursday 12:30 you assist the consultant in clinic.

Medical Team 3 Dr Durlen Mandy (Locum)

Team 3 Medical clinic is on Thursday afternoon at 13:30 and the registrar is required to assist with this clinic. There is a Med 3 post discharge review clinic on Monday afternoon at 13:30 run by the registrar only.

Medical Team 4 Dr Vacant (Locum)

Team 4 Medical Clinic is on Tuesday at 12:00, the registrar is to assist with this clinic. The registrar has a ward review clinic on Monday afternoon at 13:30.

Cardiology

Dr Sam Sidharta – Director of Cardiology & Interventional Cardiologist (part time currently)

Dr Rajesh Garg & Dr Ramachandran Kannan – Cardiologist (Non-interventional)

Dr Garg has a clinic on Monday and Thursday. Dr Ramachandran Kannan has clinics on Tuesday and Wednesday. The CCU registrars are expected to assist at these clinics.

Nephrology

Associate Professor Thin Han – Clinical Lead & Director - Division of Medicine

Dr Zaw Thet – Deputy Clinical Lead

Dr Tasnim Zirapury (part time)

The renal consultants look after renal inpatients, haemodialysis patients, peritoneal dialysis and transplant patients.

Renal Clinics run on Tuesday, Wednesday and Thursday.

Specialist Palliative Care

Dr Kay Porche

Palliative Care clinics are on Tuesday, Wednesday mornings and Yeppoon Telehealth clinics on alternate Wednesday's.

Medical Oncology

Dr Sudhakar Vemula – Clinical Lead

Dr Bahram Forouzesh – Deputy Clinical Lead

Dr Sudhakar Vemula's clinics are on Monday to Tuesday. Dr Forouzesh clinics on Monday to Thursday. Both Doctors run clinics in Gladstone on Wednesday alternative weeks.

Haematology

Dr Rajesh Mamadigi

Dr Rajesh Mamadigi's clinics are on Thursday – this is a full day clinic. There will be bone marrow biopsy days on Wednesday when there is a need.

Dr Suraya Naidoo is the other consultant haematologist.

SAGE

Dr Dhiraj Saini – Geriatrician

There is an on-site Sub-Acute Geriatric Evaluation and Management Unit (SAGE) with 16 beds, serviced by a Geriatrician. The Consultant clinics are Outpatient and Telehealth Geriatric Clinics are twice a week. Telehealth services Emerald, Bileola, Barcaldine and other remote sites.

Guiding Principles for Patient care

1. The patient's best interests will always come first.
2. We will emphasise respect and care for the whole person.
3. Provide medical management of the highest possible standard.
4. Provide an academic environment to foster research and teaching, ultimately aimed at improving patient care.

Registrars Role Description

1. For inpatients, ensure that a competent clinical history and examination are undertaken and recorded in each patient's chart, verify relevant findings and record these. Formulate a clinical problem list, differential diagnosis, plans for investigation and overall management, and initiate treatment.
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2. For consultations requested from other units, see within 24 hours, perform an initial assessment and order relevant investigations, and formulate a plan, and discuss with your consultant. Take the consultant to see the patient and follow the patient appropriately.
3. At all times, have knowledge of the current condition of patients for whom you care.
4. Effectively communicate to patients, their families, and other staff and demonstrate care and compassion to them.
5. **Act as a mentor for the RMO.** Always check the RMO's history and examination. Reinforce responsible attitudes towards the patients. Ensure that all results are obtained and acted upon promptly.
6. Actively participate at the Department's educational meetings. Ensure your Interns, RMO schedules their workload so that they attend these meetings as well.
7. Maintain a suitable standard of appearance. **Identification badges** should be worn.
8. The Hospital requires that all chart entries should be done as followed:

DATE, TIME, NAME IN CAPITALS, DESIGNATION and then your **name** signed legibly below or use the stamp provided.
9. Continue on-going self-education - both academic and procedural.
10. When required, participate in formal teaching of students, post-graduates, allied health personnel etc.
11. Participate in Research activities, if appropriate
12. Attend and assist with consultant clinics as well as run registrar general medical post discharge clinics, if there are any queries or issues, contact the relevant consultants

Orientation

There is a virtual orientation prior to arrival in Rockhampton by Director of Medicine and the DPE as the formal orientation to Rockhampton Base Hospital. The CMR or a delegate will take you on a quick hospital tour in the morning . You are welcome to arrive early to get yourself familiarise with the hospital .

This information booklet will hopefully answer some of the questions you have about coming to work here.

SECTION 2

DAILY RESPONSIBILITIES & AVAILABLE OUTPATIENT RESOURCES

Handover:

Handover in the morning starts at 8:00am. All general medicine and specialty registrars are required to attend and punctuality is compulsory.

During the weekday – this will happen in the Medical Education Unit (MEU) meeting room on Level 2 of the new building. Since the COVID pandemic, this will only be attended by registrars and consultants. The interns and resident will be in the Department of Medicine (DOM) officers and will be video-linked.

Friday Afternoon Handover – is done in the DOM between 14:00 - 15:00pm. All teams come and handover their patients (for weekend discharges and review of sick patients)

During the weekend Handover is done in the staff lounge, Level 2 new building – which we call the Qantas lounge.

Information on shifts:

(A) EDAM

You will be expected to admit patients under the general medicine and renal teams. Cancer care, Haematology, Palliative care and Cardiology will have their own admitting registrar. You will be required to carry the MET/MERT pager. Usually patients, if for general medicine, will be admitted to the med team that they are known to (admitted under that team within the last year). If they are not known, they will be admitted to any team, just try to balance out the numbers. If there are any concerns regarding which team they should go to especially regarding subspecialties, please contact the consultant on call – even if during evenings or nights.

You will have an 'Admitting book' – which you document who you have seen and MET calls you have attended – this is just for you to keep track of things and for expects to be recorded. All this information will then need to be recorded into an excel sheet for the handover the next day. The excel sheets are located on the C:drive when you sign in under the Medical unit username and password onto any computer in the hospital – username and password are stated below. Within the C:drive there will be a folder named Handovers which will contain the handover sheets. Any admission starting from the day will be saved under the date of the next day. Ie patients seen on 09/01/21 will be saved under the file name 10/01/21.

You will be doing this alone until 3pm when the Evening registrar will come and meet you and takeover. There is an hour overlap between the two registrars for support.

Username: rokmed ; Password: rokmed

The deck phone you will be carrying will be 7568, found on the Department of Medicine office.

(B) EDPM:

The admitting registrar will start in the evening at 1pm and will have an intern helper to help with the shifts. You should call the EDAM registrar via switch to arrange to meet and handover but usually they will be in ED. Towards the end of your shift, there is a 1 hour overlap between the EDPM registrar and the night registrar, who starts at 8pm. This was organised as the evening shift is usually very busy.

The EDPM registrar will be required to admit patients under all medical specialities as there are no other registrars after hours as well as medical consults from the surgical/gynae specialities. You will also be required to respond to MET/MERT calls.

All information in regards to the admission book and the handover sheet is explained above.

(C) Night shifts:

The night shift registrar starts at 8pm and is required to admit all medical patients including the medical specialities, consults, respond to the MET/MERT pager as well as review unwell patients in the wards. You will be using the same admission book to record the information as well as the same handover sheet for the next day.

You will be required to use Microsoft Excel to record admission details. This is found on the Rokmed login to MS Teams> Rockhampton Hospital Medicine Handover>Files>Handover documents. The night registrar comes to the morning handover meeting room (MEU, Level 2 new building) at 07:55 to prepare the meeting (setting up MS Team meeting for all junior doctors in DOM) and presents all night admissions, MET calls and any sick patients from the day shift. If the MET happens at the handover time, the EDAM reg will attend.

There is a different phone 7569 for the night registrar and will be located with all the other deck phones in the DOM office.

All information in regards to the admission book and the handover sheet is explained above.

(D) Weekend shifts/Public holiday shifts:

Weekend and public holiday handover location is detailed in the 'Handover' section.

There will be 2 registrars that will be rostered on for these shifts. One will be the ward registrars that will attend rounds, get calls for consults, as well as review patients that are written in the 'Registrar review book'. This book will be found in the DOM office. The other registrar will be the admitting registrar for all medical specialities and will be in charge of responding to MET/MERT calls as well.

Usually, if there are no admissions waiting in the morning, the admitting registrar will help with the 'Registrar review book' before any patients are referred, and once the ward rounds and review book is sorted, the Ward registrar will help with admissions – we do try to work as a team.

Ward registrar phone – 5371 ; Admitting registrar phone – 7568

Usually this role will be taken in turns by the 2 registrars on each of the weekend days.

On weekends, interns are responsible to make a summary page lists of new patients admitted on Friday and Saturday onto a word document so that consultants can refer to this and check that patients on their list are actually theirs

Consults:

During working hours (on weekdays) – each general medical team registrar will be in charge of consults for specific specialities.

The details of this will be available on the DOM noticeboard.

Overtime:

For any required overtime, please discuss with your consultant, or the consultant on call (call them through the switch) for an approval prior to staying. Please document the change in work times and patient's UR number that you have seen on an AVAC form, found in the Department of Medicine office on level 2. You will also require the consultant that approved this overtime to countersign prior to giving it the department secretary.

Fatigue leave:

Risk management of fatigue and fatigue-related risks must be incorporated into Queensland Health's core business operations.

A systematic approach to fatigue risk management will improve safety, efficiency, productivity, operational flexibility and Queensland Health's duty of care to its staff and the public.

Registrars and RMOs are entitled to fatigue leave if they do not have an eight (8) hour break between finishing duty at one day and commencing duty on the next. In practice any significant call-in after midnight where the doctors are rostered to work the following day could create a fatigue situation.

For further information, refer to Human Resources Policy I1: Medical Fatigue Risk Management (effective August 2008) at http://www.health.qld.gov.au/hrpolicies/other/i_1.pdf.

Clinics:

Clinics for each team will be illustrated in the appendix.

Below is a summary:

Teams	Consultant Clinics (Provide assistance)	Post-discharge clinic
Med Team 1	Wednesday – 12:00	Thursday – 14:00
Med Team 2	Thursday – 12:30	Wednesday – 12:00
Med Team 3	Thursday – 13:30	Monday – 13:30
Med Team 4	Tuesday – 12:00	Monday – 13:30
Med Team 5	Tuesday – 14:00 & Wednesday 09:00	Friday – 09:00
CCU	Cardiology clinics run Monday to Thursday	
Renal	Renal clinics run Tuesday to Thursday	
Palliative care	Weekly on Thursday 0900-1400 ; Alternate Wednesdays 0900-1400	
Haematology	Haematology clinics run on Thursday	
Oncology	Oncology clinics run Monday to Thursday	

As mentioned in the introduction, Rockhampton uses Dragon Medical Workflow Manager software to dictate letters. Please make sure that all letters are dictated and approved promptly to ensure best patient care.

If the letter is URGENT please indicate this on the clinic sheet so the typists are aware or call them on 6381.

REGISTRAR TIMETABLE- Medical Registrar Handover 0800-0815 Monday – MEU Academic Centre, Level 2, New Ward Building

UNIT	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1	AM: 0815 WR	AM: 0815 WR	AM: 0815 WR PM: 1200-1630 MEDICAL1 CLINIC	AM: 0815 WR PM: 1400-1630 MED1 WR CLINIC	AM: 0815 WR
2	AM: 0815 WR	AM: 0815 WR	AM: 0815 WR PM: 1200-1600 MED2WR CLINIC	AM: 0815 WR 1230 - 1600 MEDICAL2 CLINIC	AM: 0815 WR
3	AM: 0815 WR PM: 1330-1630 MED3 WR CLINIC	AM: 0815 WR	AM: 0815 WR	AM: 0815 WR PM: 1330 – 1630 MED3 CLINIC	AM: 0815 WR
4	AM: 0815 WR PM: 1330-1600 MED4WR CLINIC	AM: 0815 WR PM: 1200-1600 MED4 CLINIC	AM: 0815 WR	AM: 0815 WR	AM: 0815 WR
5	AM: 0815 WR	AM: 0815 WR	AM: 0815 WR	AM: 0815 WR	AM: 0815 WR AM: 0900-1200 MEDICAL5 CLINIC
CCU	AM: WR CCU PM: Heart Failure Clinic Con1	AM: WR CCU PM: Exercise Stress Tests Reporting Echoes Cardiology Clinic Con2	AM: WR CCU PM: Exercise Stress Tests Reporting Echoes Cardiology Clinic Con2	AM: WR CCU PM: Cardiology Clinic Con1	AM: WR CCU PM: Exercise Stress Tests Reporting Echoes AM Sat&Sun: Weekend WR Reg/PHO to do alternate weekend with JHO/SHO)
RENAL	AM: 0830 WR 10-1130- Rapid Access Renal clinic	AM: 0830 WR 10-1130- Rapid Access Renal clinic PM: 1400 Renal Transplant Clinic	AM: 0830-0900 WR AM: 0900 Nephrology Clinic (TH) PM: 1400 Clinic (ZT)	AM: 0830 WR AM: 0900 Dialysis Clinic (ZT)	AM: 00830 WR (AM Sat&Sun: Weekend WR Reg/PHO to do alternate weekend with JHO/SHO)
PCU	AM: MDT/WR Family meetings	AM: MDT/WR	AM: MDT/WR Yeppoon /Home visits (Fortnightly) Alternate weeks clinic 0900-1400	AM: MDT/WR Clinic 0900 - 1400	AM: MDT/WR
Medonc	AM: Handover/WR PM: Cancer case conference	AM: Handover/WR Medonc clinic PM: DTU/ward work/ Journal club (Haem/Onc)	AM: Handover/ WR Medonc clinic PM: DTU/ ward work	AM: Handover/ WR Medonc clinic Clinical Meeting (Med) PM: DTU/ward work	AM: Handover / WR PM: DTU/ward work Weekend handover

Outpatient referrals:

For outpatient referrals within Rockhampton Base hospital, there are specific forms (Specialist referral forms) that need to be filled out and faxed.

For referrals outside Rockhampton eg RBWH/TPCH, or to Allied health, Dentistry etc, there is a separate form that needs to be filled out +/- a letter and AOs can help you fax these to the relevant location.

Available outpatient resources

- HITH (Hospital in the home) – For stable patients only requiring a few days of IV antibiotics
 - Palliative care services (ONLY NH patients)
 - SACCR – Outpatient Allied health services
 - Radiation Oncology – Separate private service ; Rarely have inpatients
 - Dermatology clinics – by visiting dermatologists
 - Rheumatology service – once a month clinics
 - TB and Infectious Disease clinics – At the hospital and at Bolsover street
 - Cancer screening services – including Bowel screening, Breast screening & Cervical screening
 - Oral Health Services
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SECTION 3

PROFESSIONAL PERSONAL DEVELOPMENT OPPORTUNITIES

1. Journal Club

Journal club is hosted every Tuesday 1:00pm.

This will be presented by the registrars and each month a roster will be created where each registrar will take turns to present.

This event is usually sponsored – hence Lunch will be provided.

2. Case Presentation

Case presentation is hosted every Wednesday 1:00pm.

This again, will be presented by the registrars and each month a roster will be created where each registrar will take turns to present.

This event may also usually sponsored.

3. Public Long case presentation opportunities

When exams are close, there will be opportunities to organise public long case presentations.

In order to organise this, planning and liaising with consultants will be necessary

4. Other teaching /learning opportunities

- Quality & Safety meeting and M&M meetings (every 4th Wednesday called “Clinical Half Day” from 2:00pm - 3:30 pm)
 - Grand rounds
 - Short case presentations – organise with team consultants/ATs
-

SECTION 4

ADMISSIONS / DISCHARGES

ADMISSIONS GUIDELINES

Medical Registrar on call assigns patient to medical team as per below structure and records on allocation checklist/admission diary.

- Patient #1 – Team 1
- Patient #2 – Team 2
- Patient #3 – Team 3
- Patient #4 – Team 4 etc

Patients who have been under the care of a physician (inpatient or outpatient) within the last 12 months will be assigned to same unit.

- The specialty registrars are not available after-hours and weekends. On call Medical registrar and General Medicine Physician take over the care of patients during that time.
 - **General Medicine**
 - General Medicine Physician on call is available 24/7.
 - On call General Medicine team looks after the patients after-hours and weekends.
 - Specialty patients (excluding nephrology) are admitted under General Medicine after-hours and then hand over to the relevant team at the morning handover meeting the next working day.
 - Admitting registrar is to discuss with on call Physician first for the following patients;
 - Complex patients who need input from tertiary centres
 - Sick patients for ICU transfer (excluding MET calls)
 - If the on call registrar is unsure whether a patient needs medical admission, call and discuss with the on call Physician to make the decision.
 - **Cardiology**
 - No after-hour on call Cardiologist.
 - Cardiologist does the weekend ward rounds.
 - In rare circumstances, Cardiologist will assist with urgent cardiology procedures such as pericardiocentesis if they are available.
 - If requiring cardiology advice, first discuss with General Physician who may advise you to contact Cardiology at RBWH and can be admitted under cardiology
 - **Oncology**
 - Oncologists are on call every day for phone advice until 10pm including weekends.
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- **Nephrology**

- Nephrologists are on call 24/7.
- Nephrology ward rounds happen every day including weekends.

- **Haematology**

- No after-hour/weekend service available. If Haematology advice is required, discuss with the General Physician, who may endorse discussion with the Haematologist at the RBWH.

Patients who are accepted by phone but whose arrival is delayed will be looked after by the registrar on call and handed over to the accepting unit on the next working day.

The Emergency Department should notify the on-call registrar of all new admissions, and the patient should be assessed in ED prior to transfer to the ward.

The ED may contact Speciality Registrar (SR) directly for a review of a patient and possible admission. The SR will go and see the patient if possible. If they are busy at the clinic, the SR needs to inform Medical Registrar on call to see the patient and then the appropriate handover to happen.

Palliative Care patients transferred from another hospital or previously cared for by that unit inpatient or outpatient will be admitted directly to Cancer and Specialist Palliative Care Unit during day time hours (8:00 to 16:30). After hour admissions will be under the medical team on intake and then hand over the patient to the relevant teams next morning.

There is a fast track policy for patients with suspected MI or acute coronary syndrome. See CCU protocol.

A patient admitted under the ICU or CCU consultant will be transferred to the ward once stable and admitted under the team on call on the day the patient arrives to the ward. If you refer any patients for ICU review, please inform the on call consultant **prior to referral** at all times .

MEDICAL PATIENT DISCHARGE SUMMARY PROCESS

ALL patients discharged from a medical unit will have a typed computer-generated discharge summary completed by the INTERN, using the Enterprise Discharge Summary (EDS) program prior to the patient being discharged from the ward.

A meeting was held between representatives of the Rockhampton Hospital Medical Staff and the Capricornia Division of General Practitioners to discuss communication between the two organisations. This meeting was a follow up from a previous meeting at which concerns were raised regarding the quality of GP referral letters and hospital discharge summaries. Both groups agree that there is work to be done on both sides to try and improve communication in an effort to ensure the smooth transition of patient care from GP to hospital and vice versa. As registered medical officers of the Rockhampton Hospital it is our responsibility to ensure that patients being discharged from this facility have discharge summaries typed in such a way that the general practitioner who

looks after the patient in the community can clearly understand the diagnoses and treatment plan initiated for the patient. *Discharge summaries must be clear and concise and contain a formal diagnosis, a list of previous medical problems, a list of relevant investigations and their results, a brief summary of the admission, a clear plan for follow up including whether or not the patient is to be handed back to the GP for sole care or whether or not the patient will be reviewed at a medical outpatient clinic, and an accurate list of their medications including dosages.* If medications are being given for a short period of time with the intention to stop the medication this must be clearly documented. Some patients have complex medical conditions including more than one diagnosis and this may require a formal letter to be written to the GP rather than using the standard hospital discharge summaries.

It is also a matter of courtesy that the GP be contacted in the event that a patient has been diagnosed with a significant medical problem such as a terminal malignancy so that the GP can offer ongoing support in the community. Should a patient die while in hospital it is expected that a courtesy phone call be given to the general practitioner to inform them of this.

To ensure that we are maintaining a good standard within the department, during the first two weeks of the term, each new group of interns working in the medical department should show the discharge summaries for their patients to the medical registrar working with their team. If they have any queries or concerns about what to write on a discharge summary then it should be discussed with the medical registrar or the consultant for that team. The Capricornia Division of General Practitioners have been asked to inform their members that should they have any concerns about a discharge summary, phone the medical registrar looking after that team so that we can address any issues that they may have.

Discharge summaries should be completed within 3 days of the patient's discharge from hospital.

SECTION 5

ROSTERING INFORMATION & LEAVE REQUESTS

1. Routine registrars

For those who will be with us for the year:

- You will be required to do at least 1 term of relieving.
- The other 3 terms will be either 2 General Medicine + 1 Speciality terms / 2 Speciality terms + 1 General Medicine Term
- Please email your preferences as early as possible to secure these placements.

For those who will be with us for 2 terms:

- For those with us for 2 terms, it is likely that 1 of the terms will be relieving, however we will strive to give you your first preference for the second term.

2. Relieving registrars

We will have at least 4 relievers per term, depending on the availability of registrars. Unfortunately for some of you coming from RBWH or Prince Charles, you may have to do a relieving term as well.

A reliever registrar's role is to cover:

- EDAM shifts
- Registrars on EDPM / Nights
- Registrars that call in sick (during work hours)
- Registrars on Rec leave

3. Sick leave/Remote on-call cover

Sick Leave

- Please notify the appropriate people as soon as possible
 - Call Switch on 4920 6211 or email RockSwitch
 - Notify your Supervisor and Team (either by call, text or email)
 - Send an email to DOM-Rockhampton@health.qld.gov.au

Please try to give as much notice as you can, particularly if you are scheduled for an evening or weekend shift. There is a considerable amount of work required to adjust rosters to cover shifts. If possible, please call by 0830am to allow the team time to make appropriate arrangements for cover and to ensure fairness to your colleagues who will be required to cover the shift. Our commitment to our patients by ensuring continuity of care is paramount.

Remote On-call

This year, we are trying to roster a remote on call cover as in the past, we have had issues with sick leave and trying to arrange cover. Every person will rotate having 1 remote on call day each fortnight – 08:00am till 08:00am the next day.

This means, if anyone calls in sick for the after-hours shift, ie EDPM / Night, the remote on call cover will have to step in and cover the said shift. If this is a night shift, the remote on call person (if working, will have to go home and come back for the night shift) and will get the next day off.

As everyone will need to have at least x1 Saturday and x1 Sunday remote on call each term (not in the same week), included will be a weekend/remote on call preference sheet that you will be able to put 4 days of this term in which you will not be able to do remote on call. Additional to this there will be a weekend preference list in which you will be able to state 2 weekends in which you will not want to be rostered shifts (this will be considered separate to the remote on call preference, however we won't be rostering you remote on call if you have preference this weekend off). Obviously, if everyone has preference the same weekend off it will be a first come first serve basis.

4. Shift Swap

Once the roster is published, shift swaps will need to be done and organised by yourselves. AVAC sheets are in the Department of Medicine office and should be filled out and given to the department's secretary.

5. Leave request

Please submit for your leave request at least 4 weeks prior to each term.
The allocations will be decided on a "first come, first serve basis".

A maximum of 2 week leave each term is allowed for registrars coming from RBWH/TPCH and only one registrar can be on leave at a given time due to the staffing issues currently. (This includes study leave and rec leave). This is usually not a problem in the beginning of the year, but during the Christmas/New year period this is a serious problem.

Once the roster has been published – we will aim to publish each term prior to the start of the term, we will not be able to accommodate any further leave requests due to our limited number of registrars, unless there is an emergency leave required for urgent matters.

We will try our best to accommodate your preferences as much as possible. However, in the event of unforeseen staff shortages, we may need to roster additional shifts and if so, we will try our best to give you as much notice as possible.

Please check your shifts when the roster is published and inform us of any issues as soon as possible.

If you have any questions, please do not hesitate to contact:

- Dr Colin Brown (CMR)
 - Dr Shiromali Malalasekera (Consultant)
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SECTION 6

OTHER GENERAL INFORMATION

RELEASE OF PATIENT INFORMATION TO OTHER PARTIES BY MEDICAL OFFICERS

Upon admission to hospital a "next of kin" will be recorded on the admission sheet. The admitting doctor should obtain written consent from the patient to give information concerning the patient's illness to the "next of kin" or other nominated person(s). In some circumstances the patient may wish certain details withheld. The patient's consent and any limitations should be recorded on the "patient authority for release of information to next of kin!"

In general only one person should be nominated to receive information and other persons inquiring should be referred to that person.

Inquiries concerning a patient's health should be directed in the first instance to the intern caring for the patient who may seek further advice from the registrar or consultant.

The intern should choose a suitable time when the nominated person may visit the hospital to speak directly to the intern. Information should only be given over the phone if the doctor is sure of the identity of the caller and their right to receive information.

When the patient is unconscious or otherwise unable to nominate a person to represent them, judgement would need to be exercised in accepting someone to receive information, usually the closest relative but if this relative is not able to attend in person another relative who can visit may be more appropriate.

In situations where the intern has doubts about the right of a person to receive information advice should be sought from the Consultant, Director of Medicine or Executive Director of Medical Services.

Information may be given to the referring doctor or the patient's usual general practitioner but permission will be required from the patient to give information to other doctors and health services outside the Central Queensland Hospital and Health Service and associated agencies.

It is realised that this policy may not cover all possible situations and the caring doctor may need to seek advice as to how to manage particular situations which may arise

STAFF FACILITIES:

Within the staff facilities area on the second floor of the new building, there are also lockers, tv with a xbox attached as well as computers with a printer. For the registrars overnight, there is a room for sleeping with clean sheets in the cupboard outside the room and a shower as well.

DECK PHONE NUMBERS:

Admitting registrar/EDPM registrar – 7568

Team 1 registrar -2524

Team 2 registrar – 2525

Team 3 registrar - 2526

Team 4 registrar – 2527

Team 5 registrar- 6849

Cancer care – Phone found on level 5, CIPU (Cancer inpatient unit)

Renal – Phone found in dialysis unit

Evening RMO – 7596

Night REG – 7569

Night RMO - 7596

Weekend REG - 6849

ED Patient Flow - 6378

Rockhampton Hospital campus map - Parking and Pay stations

